

| POSITION                  | INITIALS  | ID NO.     | DATE            |
|---------------------------|-----------|------------|-----------------|
| FEE DETERMINATION         | <i>HC</i> | <i>18</i>  | <i>06-08-01</i> |
| O.I.P.E. CLASSIFIER       |           | <i>712</i> | <i>21 01</i>    |
| FORMALITY REVIEW          |           |            | <i>08-02-01</i> |
| RESPONSE FORMALITY REVIEW |           |            |                 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date   |
|-------|-------|----------|--------|
| 1     | ✓     | ✓        | 4/9/02 |
| 2     | ✓     | ✓        | 4/9/02 |
| 3     | ✓     | ✓        | 4/9/02 |
| 4     | ✓     | ✓        | 4/9/02 |
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If more than 150 claims or 10 actions  
staple additional sheet here

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*5/25/01*  
*08/03/01*